

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

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(FOR USE WITH FORM PTO-875)

10/692856

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	OEP.	IND.	OEP.	IND.	OEP.		IND.	OEP.	IND.	OEP.	IND.	OEP.
1	1						1						
2		1					2						
3		1					3						
4		1					4						
5		1					5						
6		1					6						
7	1						7						
8		1					8						
9		1					9						
10							10						
11		1					11						
12							12						
13							13						
14							14						
15							15						
16							16						
17							17						
18							18						
19							19						
20							20						
21							21						
22							22						
23		2					23						
24		2					24						
25		1					25						
26		2					26						
27		2					27						
28		1					28						
29		1					29						
30		1					30						
31		1					31						
32							32						
33							33						
34							34						
35							35						
36							36						
37							37						
38							38						
39							39						
40							40						
41							41						
42							42						
43							43						
44							44						
45							45						
46							46						
47							47						
48							48						
49							49						
50							50						
TOTAL IND.	2						TOTAL IND.						
TOTAL OEP.	21						TOTAL OEP.						
TOTAL CLAIMS	23						TOTAL CLAIMS						